



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
HEALTH AFFAIRS

16401 EAST CENTRETECH PARKWAY
AURORA, COLORADO 80011-9043

TRICARE
MANAGEMENT ACTIVITY

CHANGE NO: 10
OCHAMPUS 6010.47-M
May 7, 1999

MB&RS

PUBLICATIONS SYSTEM CHANGE TRANSMITTAL
FOR
TRICARE/CHAMPUS POLICY MANUAL

THE TRICARE MANAGEMENT ACTIVITY HAS AUTHORIZED THE FOLLOWING
ADDITION(S)/RE-VISION(S) TO THE TRICARE/CHAMPUS POLICY MANUAL

REVISION(S)

CHAPTER(S): 1; 3; 4; 7; 8; 10; 11; 12; 13

SECTION(S): TOC 7.1 8.2 10.1 10.4 12.7 26.1 26.4 • TOC 1.3 1.6B 1.6D
1.6E 1.6G 2.1 2.6 3.2 3.3 4.1 5.6 6.1 8.5 10.1 15.3 15.4 15.7
16.1 • 1.4 1.6 2.1 2.2 4.3 4.4 4.6 6.1 • 3.13 7.1 10.1 • TOC
2.1 14.1 21.2 • TOC • 11.5 • 8.1 • 3.6 6.1D 6.5 12.1 16.1
23.1.

ADDITION(S)

CHAPTER(S): 1; 3; 8; 10.

SECTION(S): 26.8 • 1.6J 8.7 • 27.1 • 3.2.

DELETION(S)

CHAPTER(S): 13.

SECTION(S): 15.1.

REMOVE PAGE(S): See pages 2-4 of this transmittal.

INSERT: ATTACHED ADDITIONAL/REPLACEMENT PAGE(S): See pages 2-4 of this transmittal.

SUMMARY OF ADDITIONS/REVISIONS: See pages 5-9 of this transmittal.

EFFECTIVE DATE AND IMPLEMENTATION: The Effective Date is as indicated on the attached pages. Implementation is upon direction of the Contracting Officer.

THERE ARE NO OTHER MANUAL CHANGES MADE IN CONJUNCTION WITH THIS CHANGE.

Barbara J. Gallegos
Director, Office of Medical Benefits and
Reimbursement Systems

ATTACHMENTS: PAGE(S)
DISTRIBUTION: 6010.47-M

WHEN PRESCRIBED ACTION HAS BEEN TAKEN, FILE THIS TRANSMITTAL WITH BASIC DOCUMENT

REMOVE PAGES

CHAPTER 1

TABLE OF CONTENTS
PAGES i-iii

SECTION 7.1
PAGES 1-3

SECTION 8.2
PAGES 1-2

SECTION 10.1
PAGES 3-9

SECTION 10.4
PAGES 1-2

SECTION 12.7
PAGES 1-3

SECTION 26.1
PAGES 1-4

SECTION 26.4
PAGE 1

★★★★★★

CHAPTER 3

TABLE OF CONTENTS
PAGES i-iv

SECTION 1.3
PAGE 3

SECTION 1.6B
PAGES 1-7

SECTION 1.6D
PAGES 1-5

SECTION 1.6E
PAGES 1-5

SECTION 1.6G
PAGES 3-5

★★★★★★

SECTION 2.1
PAGES 3-5

SECTION 2.6
PAGES 1-3

SECTION 3.2
PAGES 1-2

SECTION 3.3
PAGES 1-2

SECTION 4.1
PAGES 1-2

REPLACE PAGES

TABLE OF CONTENTS
PAGES i-iii

SECTION 7.1
PAGES 1-5

SECTION 8.2
PAGES 1-2

SECTION 10.1
PAGES 3-9

SECTION 10.4
PAGES 1-2

SECTION 12.7
PAGES 1-3

SECTION 26.1
PAGES 1-2

SECTION 26.4
PAGES 1-2

SECTION 26.8
PAGE 1

TABLE OF CONTENTS
PAGES i-iv

SECTION 1.3
PAGE 3

SECTION 1.6B
PAGES 1-7

SECTION 1.6D
PAGES 1-5

SECTION 1.6E
PAGES 1-5

SECTION 1.6G
PAGES 3-5

SECTION 1.6J
PAGES 1-5

SECTION 2.1
PAGES 3-5

SECTION 2.6
PAGES 1-2

SECTION 3.2
PAGES 1-2

SECTION 3.3
PAGES 1-2

SECTION 4.1
PAGES 1-2

REMOVE PAGES

CHAPTER 3 (cont.)

SECTION 5.6
PAGES 1-2

SECTION 6.1
PAGES 3-11

SECTION 8.5
PAGES 1-6

★★★★★★

SECTION 10.1
PAGE 3

SECTION 15.3
PAGE 1

SECTION 15.4
PAGES 1-3

SECTION 15.7
PAGES 1-3

SECTION 16.1
PAGES 1-2

CHAPTER 4

SECTION 1.4
PAGES 1-2

SECTION 1.6
PAGES 1-2

SECTION 2.1
PAGES 1-5

SECTION 2.2
PAGE 3

SECTION 4.3
PAGES 1-2

SECTION 4.4
PAGES 1-2

SECTION 4.6
PAGE 1

SECTION 6.1
PAGE 1

CHAPTER 7

SECTION 3.13
PAGE 1

SECTION 7.1
PAGES 1-5

SECTION 10.1
PAGES 1-3

REPLACE PAGES

SECTION 5.6
PAGES 1-2

SECTION 6.1
PAGES 3-11

SECTION 8.5
PAGES 1-7

SECTION 8.7
PAGE 1

SECTION 10.1
PAGE 3

SECTION 15.3
PAGES 1-2

SECTION 15.4
PAGES 1-3

SECTION 15.7
PAGES 1-3

SECTION 16.1
PAGES 1-2

SECTION 1.4
PAGES 1-2

SECTION 1.6
PAGES 1-3

SECTION 2.1
PAGES 1-2

SECTION 2.2
PAGE 3

SECTION 4.3
PAGES 1-2

SECTION 4.4
PAGES 1-2

SECTION 4.6
PAGE 1

SECTION 6.1
PAGES 1-2

SECTION 3.13
PAGE 1

SECTION 7.1
PAGES 1-6

SECTION 10.1
PAGES 1-3

REMOVE PAGES

CHAPTER 8

TABLE OF CONTENTS

PAGES i-ii

SECTION 2.1

PAGES 1-2

SECTION 14.1

PAGES 7-10

SECTION 21.2

PAGES 3-4

★★★★★★

CHAPTER 10

TABLE OF CONTENTS

PAGES i-iv

★★★★★★

CHAPTER 11

SECTION 11.5

PAGES 3-6

CHAPTER 12

SECTION 8.1

PAGES 1-6

CHAPTER 13

SECTION 3.6

PAGES 1-3

SECTION 6.1D

PAGES 3-4

SECTION 6.5

PAGES 11-19

SECTION 12.1

PAGES 3-7

SECTION 15.1

PAGES 1-3

SECTION 16.1

PAGES 5-9

SECTION 23.1

PAGES 5-6

REPLACE PAGES

TABLE OF CONTENTS

PAGES i-ii

SECTION 2.1

PAGE 1

SECTION 14.1

PAGES 7-10

SECTION 21.2

PAGES 3-4

SECTION 27.1

PAGES 1-2

TABLE OF CONTENTS

PAGES i-iv

SECTION 3.2

PAGE 1

SECTION 11.5

PAGES 3-6

SECTION 8.1

PAGES 1-6

SECTION 3.6

PAGES 1-3

SECTION 6.1D

PAGES 3-4

SECTION 6.5

PAGES 11-19

SECTION 12.1

PAGES 3-7

★★★★★★

SECTION 16.1

PAGES 5-9

SECTION 23.1

PAGES 5-6

SUMMARY OF CHANGES

CHAPTER 1

1. Section 7.1 (EMERGENCY DEPARTMENT SERVICES) has been renamed from “Medical, Maternity or Psychiatric Emergency”. It also incorporates: (a) The “prudent layperson standard; (b) the requirement that ER care be appropriate and economically furnished; and (c) information previously found in Chapter 13, Section 15.1 (EMERGENCY CARE RELATED CLAIMS).
2. Section 8.2 (CONSULTATIONS) was revised for clarity.
3. Section 10.1 (TRICARE/CHAMPUS STANDARD – CLINICAL PREVENTIVE SERVICES) establishes a 30-day administrative tolerance for mammography and Pap smear time interval requirements.
4. Section 10.4 (WELL-CHILD CARE) adds procedure code 99393 as a covered benefit; and changes the requirements for authorization and copayment to make consistent with those under the TRICARE Prime and Standard Clinical Preventive Service benefits.
5. Section 12.7 (PSYCHOTHERAPY) provides coverage for individual psychotherapy for patients with a primary diagnosis of a mental disorder, which coexist with an alcohol and other drug abuse disorder.
6. Section 26.1 (NUTRITIONAL THERAPY) adds intraperitoneal nutrition, oral nutritional therapy, and certain exempt infant formulas for coverage.
7. Section 26.4 (CHRONIC FATIGUE SYNDROME) was revised to clarify coverage.
8. Section 26.8 contains new policy criteria on URGENT CARE.

CHAPTER 3

9. Section 1.3 (LASER SURGERY) adds transpupillary (laser hyperthermia), with chemotherapy, for the treatment of retinoblastoma effective November 1, 1996.
10. Section 1.6B (HEART-LUNG AND LUNG TRANSPLANTATION) adds that the transplant may be performed at a TRICARE or Medicare-certified transplant center; and adds living donor lobar lung transplantation as a covered procedure.
11. Section 1.6D (SMALL INTESTINE: COMBINED SMALL INTESTINE-LIVER AND MULTIVISCERAL TRANSPLANTATION) adds multivisceral transplants as a covered procedure.
12. Section 1.6E (COMBINED LIVER-KIDNEY TRANSPLANTATION) adds coverage for end-stage liver disease resulting from hepatitis B and C and removes the contraindication for patients with viral induced liver disease.
13. Section 1.6G (SIMULTANEOUS PANCREAS-KIDNEY TRANSPLANTATION) removes the presence of extreme retinopathy from the exclusion section.

14. Section 1.6J contains new policy criteria on COMBINED HEART-KIDNEY TRANSPLANTATION.
15. Section 2.1 (INTEGUMENTARY SYSTEM) adds topical treatment of diabetic foot ulcers and skin ulcers caused by venous insufficiency as a covered benefit.
16. Section 2.6 (POSTMASTECTOMY RECONSTRUCTIVE BREAST SURGERY) clarifies that one post-mastectomy bra may be cost-shared per calendar year; adds coverage guidelines for external surgical garments specifically designed for use following a mastectomy; and clarifies that the benefit is available following a mastectomy.
17. Section 3.2 (MUSCULOSKELETAL SYSTEM) adds coverage for autologous chondrocyte implantation surgery and anterior cervical microdiscectomy with autogenic or allogenic iliac crest graft and anterior plating.
18. Section 3.3 (ORAL SURGERY OF THE TEMPOROMANDIBULAR JOINT) expands the procedure code range to allow coverage for mandibular condyotomy and temporomandibular arthroscopy.
19. Section 4.1 (RESPIRATORY SYSTEM) adds resection of pneumatoceles as a covered procedure.
20. Section 5.6 (THERAPEUTIC APHERESIS) adds additional covered conditions.
21. Section 6.1(HIGH DOSE CHEMOTHERAPY AND STEM CELL TRANSPLANTS) was revised for clarity; deletes the restriction that all donor searches must be initiated and coordinated through National Marrow Donor Program (NMDP); and clarifies coverage of stage IV metastatic breast cancer or primary breast cancer that has spread to other sites of the body and has relapsed after responding to first-line treatment. The policy also adds the following:
 1. HDC/ABMT or PSCT for Ewing's Sarcoma as a covered benefit.
 2. HDC/ABMT or PSCT for AL (Amyloid Light-Chain) amyloidosis as a covered indication.
 3. HDC/ABMT or PSCT for Wilms' tumor as a covered condition.
 4. HDC/ABMT or PSCT for trilateral retinoblastoma/pineoblastoma as a covered condition.
 5. HDC/ABMT or PSCT for men with metastatic breast cancer.
 6. Hodgkin's disease for syngeneic (identical twin donor) stem cell transplantation. Allogeneic BMT for Hodgkin's disease is added as exclusion.
 7. Allogeneic umbilical cord blood transplant for Thalassemia major and myelodysplastic syndrome as a covered benefit.
 8. Allogeneic umbilical cord blood transplant for non-Hodgkins lymphoma and hypereosinophilic syndrome as a covered indication.
22. Section 8.5 (LIVER TRANSPLANTATION) changes language from end-stage to irreversible hepatic disease; adds coverage for end-stage liver disease resulting from hepatitis B and C; and deletes the contraindication for patients with viral induced liver disease.

23. Section 8.7 contains new policy criteria on TRANSJUGULAR INTRAHEPATIC PORTOSYSTEMIC SHUNT (TIPS).
24. Section 10.1 (MALE GENITAL SYSTEM) adds statement regarding infertility testing and treatment for men.
25. Section 15.3 (STEREOTACTIC IMPLANTATION OF DEPTH ELECTRODES) adds language regarding the use of vagus nerve stimulators for under the age of 12.
26. Section 15.4 (STEREOTACTIC RADIOSURGERY/RADIOTHERAPY) adds meningioma and low grade glioma for proton beam as covered and excludes high grade glioma (glioblastoma multiforme, anaplastic, astrocytomas) for proton beam. Adds high-grade glioma (glioblastoma multiforme, anaplastic, astrocytomas) for gamma knife as a covered procedure.
27. Section 15.7 (EPIDURAL NARCOTICS/STEROIDS) adds epidural steroid injections for chronic cervical radicular pain as a covered benefit; adds clarification regarding reimbursement of labor and delivery analgesia; and excludes epidural steroid injections for thoracic pain.
28. Section 16.1 (EYE AND OCULAR ADNEXA) adds coverage for transpupillary thermotherapy, with chemotherapy, for the treatment of retinoblastoma.

CHAPTER 4

29. Section 1.4 (POSITRON EMISSION TOMOGRAPHY (PET) deletes PET with deoxy-2-Fluro-D-glucose (FDG) from the Exclusion section.
30. Section 1.6 (SINGLE PHOTON EMISSION COMPUTED TOMOGRAPHY (SPECT) adds ¹¹¹In-Capromab Pendetide, cyT356 (prostaScint (TM) as a covered benefit; and adds two new indications for SPECT.
31. Section 2.1 (MAGNETIC RESONANCE IMAGING AND MAGNETIC RESONANCE ANGIOGRAPHY) adds open MRI with or without contrast media as a covered benefit; removes the list of specific indications; and revises statement about use of ACR monogram.
32. Section 2.2 (COMPUTERIZED TOMOGRAPHY) adds helical (spiral) CT scans, with or without contrast enhancement as a covered procedure for diagnosis of acute appendicitis.
33. Section 4.3 (RADIATION THERAPY) revises policy A2; and adds fast neutron radiotherapy for malignant salivary gland tumors as a covered benefit.
34. Section 4.4 (THERAPEUTIC EMBOLIZATION) adds meningioma as a covered indication.
35. Section 4.6 (HYPERTHERMIA FOR TREATMENT OF CANCER) adds coverage for transpupillary thermotherapy, with chemotherapy, for the treatment of retinoblastoma.
36. Section 6.1 (BONE DENSITY STUDIES) revises the effective date; and adds a list of high-risk factors to the policy.

CHAPTER 7

37. Section 3.13 (CONTINUOUS POSITIVE AIRWAY PRESSURE) removes the restriction of coverage to adult patients with moderate or severe obstructive sleep apnea.

38. Section 7.1 (DRUGS AND MEDICINES) The following drugs have been added to the policy as covered benefits:

1. Azathioprine (Imuran) for inflammatory bowel disease.
2. Cyclosporine (Sandimmune) for the prophylaxis of organ rejection in-patients receiving bone marrow transplantation.
3. Epogen for treatment of orthostatic hypotension.
4. Interferon alfa-2a for the treatment of metastatic renal cell carcinoma.
5. Interferon alfa-2b, for the treatment of children with malignant melanoma when prescribed as an adjuvant to surgical treatment.

The following drugs have been added to the policy as non-covered benefits.

1. Accutane for treatment of squamous cell cancer of skin except as noted.
2. Mycophenolate Mofetil (Cellcept) for the prophylaxis of organ rejection in patients receiving heart transplantation and liver transplantation.

The following drugs have been deleted from the policy.

1. Interferon alfa-2a (Roferon®) for the treatment of malignant melanoma when prescribed as adjuvant to surgical treatment.
2. Interleukin-2 (aldesleukin: Proleukin®) for the treatment of metastatic renal cell carcinoma inpatients 18 years of age or older.

39. Section 10.1 (REQUIREMENTS FOR FOOD AND DRUG ADMINISTRATION APPROVAL FOR MEDICAL DEVICES) adds humanitarian use devices through a Humanitarian Device Exemption approved by FDA as a covered benefit.

CHAPTER 8

40. Section 2.1 (PODIATRY) clarifies services related to the podiatry; e.g., lab and x-rays are covered.
41. Section 14.1 (UNPROVEN DEVICES, MEDICAL TREATMENT, AND PROCEDURES) deletes multivisceral transplants from the list.
42. Section 21.2 (SUBSTANCE USE DISORDERS) adds a cross-reference to the policy concerning patient with a primary diagnosis of a mental disorder that coexists with an alcohol and other drug abuse disorder.
43. Section 27.1 contains new policy criteria on PHYSICIAN-ASSISTED SUICIDE.

CHAPTER 10

44. Section 3.2 contains new policy criteria on UNAUTHORIZED PROVIDER: EMERGENCY SERVICES.

CHAPTER 11

45. Section 11.5 (CERTIFICATION OF ORGAN TRANSPLANT CENTERS) adds that multivisceral transplant must be performed at centers certified for small intestine or combined liver-small intestine and combined heart-kidney transplants must be performed at centers certified for heart transplantation and renal transplantation. Also includes some revisions to policy & policy considerations.

CHAPTER 12

46. Section 8.1 (TRICARE PRIME – CLINICAL PREVENTIVE SERVICES) clarifies requirements regarding referral and authorization for preventive services; establishes screening criteria for prostate cancer and changes the recommended age for audiology screening for high-risk children; and also establishes a 30 day administrative tolerance for mammography and Pap smear time interval requirements.

CHAPTER 13

47. Section 3.6 (LEGEND DRUGS AND INSULIN) removes the word “CHAMPUS” under paragraph II.B; and clarifies co-payment for medical supplies that are necessary to administer a drug.
48. Section 6.1D (CHAMPUS DRG-BASED PAYMENT SYSTEM) allows hospital-based professional to file fees on an UB-92 if CPT coding provided.
49. Section 6.5 (HOSPITAL REIMBURSEMENT – CHAMPUS INPATIENT MENTAL HEALTH PER DIEM PAYMENT SYSTEM) adds a requirement that the TRICARE contractors submit high volume provider information at least on an annual basis to TMA within 30 days of the request.
50. Section 12.1 (DOUBLE COVERAGE) revises the policy to make the coordination of benefits for inpatient mental health consistent with DRG’s.
51. Section 15.1 (EMERGENCY CARE RELATED CLAIMS) deleted in its entirety.
52. Section 16.1 (WAIVER OF LIABILITY) clarifies payment and liability for services or supplies retrospectively excluded by PRO because of being not medically necessary.
53. Section 23.1 (PROVIDER CODING OF NON-INSTITUTIONAL SERVICES USING HCPCS) changes the effective date from September 1, 1997 to October 1, 1997.